



Donna Lawson Youth Assistance Fund Scouts Canada – Shining Waters Council

Group Name

Date

Member Name

Membership Number

Fee Breakdown

Total Registration Fee \$ _____

Member Contribution \$ _____

Group Contribution \$ _____

Funding Request \$ _____

I hereby confirm that our Group is unable to support this member exclusively at this time.

Group Commissioner/Scouter/Chair Signature

Date

Print Name

Email Address

Return Applications and Documentation to:

Shining Waters Council
Attn: Donna Lenner
265 Yorkland Blvd (2nd floor)
Toronto ON M2J 5C7
Email: dlenner@scouts.ca

For Office use only:

Amount approved: \$ _____

Applicant notified:

Approved by: _____

Date: _____